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## **Geologists and Geophysicists Program Request for Name Change Affidavit**

www.bpelsg.ca.gov

l, _	(Name)	, declare	e under penalty of perjury that
the following declaration is true and correct:			
I have changes my name for all intents and purposes from:			
	(Last)	(First)	(Middle)
		To (new name)	
	(Last)	(First)	(Middle)
Spe	cify if you are a Licensee	and/or an Applicant:	
	Licensee PG License Number PGp License Number CEG Certification Numb CHG Certification Numb		
	Applicant for the following	ng examination type:	
Pers	onal Information/Contac	t Information:	
Date	of Birth/	Last 4 digits of Social Secu	rity Number
E-ma	ail Address of Record		
Resi	dence Address		
		(Address, City, State, Zip Code)	
Business Phone		Home Phone _	
Sian	ature	ı	Date